SB 476 – International Trained Physicians (ITP) Workgroup

February 25, 2026, 5-7PM
Videoconference

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Meeting ID: 160 788 0792
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By Phone: 669-254-5252
Meeting ID: 160 788 0792
Passcode: 3413230377

Meeting Materials: https://omb.oregon.gov/ITP

The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #4). Members of the public will be muted for all other portions of the meeting.

1. Call to Order and Roll Call, Jill Shaw, DO, Workgroup Chair (5:00-5:05PM)

Workgroup Members:
Jill Shaw, DO – Oregon Medical Board Representative, Workgroup Chair
Thomas Cooney, MD, MACP, FRCP – American College of Physicians Representative
Marianne Parshley, MD, MACP – Oregon Medical Association Representative
Michelle Bowers, MS, CWDP – Oregon Primary Care Association Representative
Ann Klinger, OHSU Health Medical Affairs – Facility Representative
Erich Koch CMPE, FHFMA, Klamath Health Partnership – Facility Representative
Marianne Calnan, MD, DrPH – Internationally Trained Physician
Win Mar Lar Kyin, MB, BS, MPH, MBA – Internationally Trained Physician
Theresa San Agustin, MD (retired) – Community Member
Paula Heimberg, MD – ITP Physician Mentor
Vipul Mahajan, MBBS, FACP, FHM, CPE – ITP Physician Mentor
Lina deMorais, District Director, Senator Kayse Jama – Sponsoring Legislator (ex officio)

Meeting overview:

- This workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 473 (2025).
- The workgroup is advisory only—OMB makes final decisions and consensus is not required.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting and will be recorded.
- The public may attend and comment during designated times but will be muted otherwise.

Review of January 28, 2026, Workgroup meeting minutes

2. Follow Up from January 25th Meeting, OMB Staff (5:05-5:10PM)

Workgroup members provided additional resources:

- World Directory of Medical Schools, https://wfme.org/world-directory/, currently utilized by the Educational Commission for Foreign Medical Graduates (ECFMG)
- Verification of Credentials and Hospital Affiliations, for example the Joint Commission International: https://www.jointcommission.org/en

3. Discussion of ITP Practice Requirements, Jill Shaw, DO, Workgroup Chair (5:10-6:40PM)

SB 476, Section 6 provides ITPs provisionally licensed must practice:

- Under the supervision of an Oregon licensed physician:
  - Who is in good standing with the board, and
  - Meets the requirements established by the board relating to supervision
- In a clinical facility:
  - With an approved training program,
  - That is a federally qualified health center providing primary care and other services to underserved populations, as determined by the board, or
  - That demonstrates the location meets the requirements established by the board by rule.
- Under supervision and assessment by a clinical facility in accordance with standards established by the board by rule.

Discussion Questions:

a. **ITP Supervising Physician Requirements:** What requirements, beyond OMB good standing, should the Board establish related to ITP supervisors? (5:10-5:25PM)
   - Should OMB require specialty board certification for ITP supervising physicians?
   - Should there be any training or preparation required for physicians who agree to supervise ITPs? Is a formal supervisor training program needed?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models Guidance Document #2 (August 2025), recommendation #7 page 8.

b. **ITP Supervision:** What should supervision of an ITP provisional licensee entail? (5:25-5:50PM)
   - Should there be a standard supervisory model, or should supervision be tailored to the needs of the ITP? If tailored, who decides what those needs are?
   - What safeguards can we require to ensure that supervision is adequate?
   - Is an initial assessment needed?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models Guidance Document #1 (February 2025), recommendation #7, pages 9-10 and Guidance Document #2 (August 2025), recommendation #6 pages 7-8.

c. **ITP Clinical Facility Requirements:** What other clinical facility requirements should OMB consider for ITP practice locations, beyond those listed in SB 476? (5:50-6:10PM)
   - Should there be criteria for the type of facility that can hire an ITP with a provisional license?
   - Should the facility be ACGME-affiliated for clinical rotations?
   - Should the facility be a certain size, have a minimum level of staffing, or have a minimum number of patient visits?
   - Does it matter what specialty the ITP practices?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models Guidance Document #1 (February 2025), recommendation #5, page 8.

d. **Assessment of ITP Practice:** What standards, metrics, or tools could a clinical facility utilize to assess an ITP provisional licensee? (6:10-6:40PM)
   - The ACALM guidance recommends assessment in six general competencies: Patient Care and Procedural Skills, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice.
     - How well do these competencies capture what is needed for safe practice?
     - Are there competency gaps that may be unique to ITPs?
     - Which of the six competencies do you think would be most challenging for ITPs to demonstrate in a supervisory setting?
     - How could facilities meaningfully incorporate the competency framework, more than just a checkbox requirement?
   - At the beginning of the supervisory period, ACALM suggests a needs assessment.
     - How could facilities review clinical experience gained abroad compared to the potential unfamiliarity with U.S. systems, culture, and prevalent disease patterns?
     - Any other considerations?
   - ACALM suggests a specialty-specific exam to inform an ITP's learning plan during the supervisory period.
     - Is it appropriate to use an exam for ITPs who may have decades of clinical experience?
     - What type of exam would be a reasonable assessment?
     - What modifications, if any, should be considered?

- ACALM suggests a standardized knowledge assessment, direct observation, multi-source feedback, and medical record audits at regular intervals with a sufficient volume and breadth of cases.
    - How could these thresholds and expectations be defined in the regulations?
    - How should facilities ensure multi-source feedback is evaluated equitably and control for bias due to cultural or communication differences?
    - Should medical record audits be required, noting that they capture documentation rather than direct clinical decision-making?
- How can the Board hold supervisors accountable for fair (to the ITP) and safe (for the public) assessment of the ITP's ability to practice medicine?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models Guidance Document #2 (August 2025), recommendations #1-5, pages 4-7.

4. Public Comment (6:40-6:50PM)

We welcome public feedback throughout the development of this program. Public attendees may comment by raising their hand, and OMB staff will call on you. Please state your name and organization (if applicable) before speaking and limit your comments to less than 3 minutes each.
Additional written comments may be emailed to elizabeth.ross@omb.oregon.gov.

5. Closing Discussion, Jill Shaw, DO, Workgroup Chair (6:50-7:00PM)

Workgroup members will provide closing thoughts, and the Workgroup Chair will summarize the meeting discussion and next steps.

- Updates will be posted on the SB 476 webpage.
- Next Virtual Workgroup Meetings:
    - Wednesday, April 15, 5-7PM
    - Wednesday, May 13, 5-7PM
- Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov. Based on date of receipt, written comments will be shared with the ITP Workgroup at their next meeting and posted online.

Agenda Subject to Change: To ensure that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

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*For questions regarding SB 476/ITP implementation, email Elizabeth Ross, Legislative & Policy Analyst, **elizabeth.ross@omb.oregon.gov**.*

For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, gretchen.kingham@omb.oregon.gov or (971) 673-2700.

Senate Bill 476 (2025) Excerpts

with bold language highlighting areas to discuss at this meeting

SECTION 6.

(1) The Oregon Medical Board may issue a provisional license to a qualified internationally trained physician. To be considered for a provisional license under this section, an internationally trained physician must have:

(a) Graduated from a school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, as determined by the board;

(b) Completed a training program that is substantially similar to an approved training program, as determined by the board;

(c) Obtained certification from the Educational Council for Foreign Medical Graduates, or its successor organization, as approved by the board;

(d) Practiced medicine in another country or jurisdiction for at least three years;

(e) An offer of employment at a clinical facility located in this state that will provide supervision and assessment of the applicant in accordance with standards established by the board by rule;

(f) Complied with all board rules that apply to similar applicants for a license to practice medicine in this state; and

(g) Provided evidence, as determined sufficient by the board, that the applicant is of good moral character consistent with the requirements of ORS 677.100 and in good standing in each country or jurisdiction in which the applicant practiced and received education and training.

(2) An applicant for a provisional license under this section shall:

(a) Apply to the board in the form and manner required by the board;

(b) Pay the fee established by the board by rule; and

(c) Provide to the board any further information required by the board.

(3) An internationally trained physician provisionally licensed under this section shall practice:

(a) Under the supervision of a physician licensed under ORS 677.100 who is in good standing with the board and meets the requirements established by the board relating to supervision; and

(b) (A) In a facility in this state with an approved training program;

(B) In a federally qualified health center that provides primary care and other services to underserved populations, as determined by the board; or

(C) In any other clinical location that demonstrates that the location meets the requirements established by the board by rule.

(4) An internationally trained physician provisionally licensed under this section:

(a) Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing;
(b) Is subject to all the provisions of this chapter and to rules of the board adopted under this chapter; and
(c) Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other physician licensed under this chapter.

(5) An internationally trained physician provisionally licensed under this section may, after completion of four years of full-time equivalent practice under subsection (3) of this section, successful completion of a clinical assessment evaluation as determined by the board by rule and satisfaction of the requirements for licensure under ORS 677.100, apply for licensure under ORS 677.100.

(6) The board may adopt rules as necessary to carry out this section

SECTION 7a.

ORS 677.010 is amended to read: 677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

….

(3) "Approved training program" means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

….

(10) "Internationally trained physician" means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.

SB 476 WORKGROUP CHARTER

Purpose

The SB 476 Workgroup will inform draft rules to implement SB 476 (2025) sections 5-9, creating a provisional license for internationally trained physicians (ITPs) starting January 1, 2027.

Members

- 1-2 members of the Oregon Medical Board
- 2 representatives from professional associations or societies representing primary care and/or specialty physicians
- 1-2 representatives of a facility/employer who intends to hire and supervise ITPs
- 1-2 internationally trained physicians
- 1 representative of community organization supporting refugees/immigrants
- 1 community member representing health care consumers (no immediate tie to a healthcare provider/internationally trained physician)
- 1 *ex officio* member of the sponsoring legislator's office

Administrative support will be provided by Oregon Medical Board staff.

Scope

The SB 476 Workgroup will review and advise on new and amended rules and other guidelines or procedures to implement SB 476.

Meetings

Public meetings will be held January-May 2026. Meetings will be subject to public meetings law, including public notice, public records, public access, and public comment. The meetings will be held via teleconference or videoconference and are planned for:

- Wednesday, January 14, 5-7PM
- Wednesday, January 28, 5-7PM
- Wednesday, February 25, 5-7PM
- Wednesday, April 15, 5-7PM
- Wednesday, May 13, 5-7PM
  **dates and times subject to change*.

Objectives

The SB 476 Workgroup may recommend administrative rules, guidelines, or procedures for the purpose of implementing SB 476 (2025).

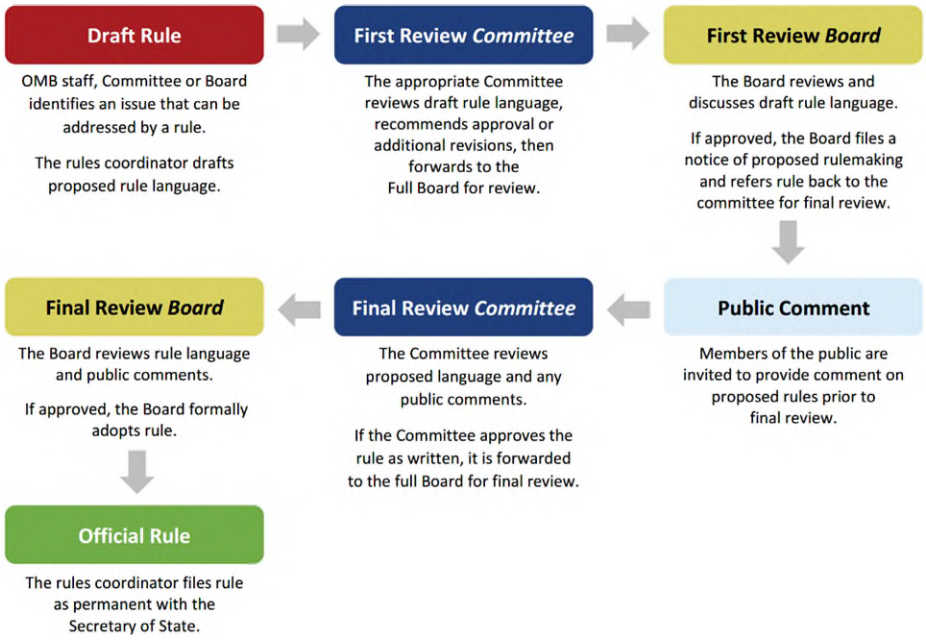
SB 476 Workgroup recommendations will be reviewed by the Administrative Affairs Committee and full Board during 2026 meetings. The Board retains final decision making authority.

Rulemaking Process & Public Meetings Law Overview, Oregon Medical Board

July 31, 2025	SB 476 signed by Governor Tina Kotek
January 14, 5-7PM	ITP Workgroup Meeting, Informational Session
January 28, 5-7PM	ITP Workgroup Meeting
February 25, 5-7PM	ITP Workgroup Meeting
March 11, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
April 2	Oregon Medical Board reviews all recommendations
April 15, 5-7PM	ITP Workgroup Meeting
May 13, 5-7PM	ITP Workgroup Meeting
June 10, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
July 9	Oregon Medical Board reviews all recommendations, initiates rulemaking
After July 9	OMB files notice of proposed rules; formal public comment period opens
August 18	Public hearing for members of the public to provide oral testimony
September 9	Final review by the Administrative Affairs Committee
October 1	Final review and possible adoption by the Oregon Medical Board
October-December	OMB staff develop program systems (IT, website, forms, etc.)
January 1, 2027	SB 476 sections 4-9 and OMB rules become effective.
January 4, 2027	OMB starts accepting ITP applications

Dates and times subject to change.

Administrative Rule Making Process



Public Meetings

ITP Workgroup meetings are public meetings and will follow Oregon Public Meeting Law. This includes providing public notice, ensuring public access, maintaining meeting minutes, and prohibiting private deliberations among Workgroup members between meetings. All Workgroup review and consensus-building must occur during scheduled meetings.

Oregon
Tina Kotek, Governor

Medical Board
1500 SW 1st Avenue, Suite 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2669
www.oregon.gov/omb

Approved by the Board on April XXX, 2026.

OREGON MEDICAL BOARD
Meeting of the SB 476 Internationally Trained Physicians (ITP) Workgroup
January 28, 2026, 5:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Jill Shaw, DO, Workgroup Chair, called the meeting to order at 5:00pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

- Marianne Calnan, MD, DrPH
- Thomas Cooney, MD, MACP, FRCP (arrived at 5:30pm)
- Paula Heimberg, MD
- Ann Klinger
- Erich Koch CMPE, FHFMA
- Win Mar Lar Kyin, MB, BS, MPH, MBA
- Vipul Mahajan, MBBS, FACP, FHM, CPE
- Marianne Parshley, MD, MACP
- Theresa San Agustin, MD
- Jill Shaw, DO, Workgroup Chair

Michelle Bowers, MS, CWDP, and Lina deMorais (ex officio) were absent with prior notice.

OMB Staff present:

- Nicole Krishnaswami, JD, Executive Director
- Elizabeth Ross, JD, Legislative & Policy Analyst
- Netia N. Miles, Licensing Manager
- Gretchen Kingham, Executive Assistant

Chair Shaw welcomed Workgroup members and the public, discussed ground rules for the meeting, and provided an agenda overview. She also noted that the Workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 476 (2025) and that the Workgroup is advisory only; the Board makes all final decisions and consensus of the Workgroup is not required.

Marianne Calnan, MD, DrPH, absent at the first meeting introduced herself as an internal medicine physician trained in Uganda with an extensive career in global health, having worked in Eswatini, Philippines, Botswana, Namibia, and Malawi as both a physician and global health practitioner, focusing on infectious diseases and health systems strengthening.

Follow Up from January 14th Meeting

Elizabeth Ross, JD, OMB Legislative & Policy Analyst, followed up on a few areas from the last meeting:

- Verifying international medical school/education: ECFMG certification includes verifying medical education and utilizes the World Directory of Medical Schools. This is the same process OMB uses for international medical graduates who complete US residency programs. OMB staff did not plan to spend much of the workgroup's time on this piece of the ITP qualifications.
- Other ITP Models: Cicero Institute has an internationally trained physician model. SB 476 was drafted under the Advisory Commission on Additional Licensing Models (ACALM) model. However, ideas and considerations in the Cicero model may overlap and be relevant to the SB 476 discussion in Oregon.
- Recognizing residencies completed in another country: SB 476 allows internationally trained physicians who practice in Oregon under a provisional license for four years to apply for a full license without requiring them to complete a U.S. residency program (SB 476 section 8). The workgroup will focus on qualifying for and practicing under the provisional license. There may be time at the April or May meeting to discuss the qualifications for a full license after the four-year provisional period.

Discussion of Qualifications for ITP Provisional License

Chair Shaw provided an overview of the qualifications for provisional licensure under SB 476. An internationally trained physician must:

- Graduate from a school of medicine with a substantially similar MD or DO degree.
- Complete a training program substantially similar to approved training programs in the United States.
- Obtain certification from the Educational Commission for Foreign Medical Graduates (ECFMG), which requires passage of USMLE Steps 1 & 2.
- Practice a minimum of three years of full-time practice as a physician in another country or jurisdiction.
- Provide proof of good moral character and verification of good standing in all countries or jurisdictions where they practiced, trained, or were educated.

Dr. Shaw then opened the discussion to workgroup members only for topics related to these qualifications.

Training Program: The workgroup discussed what the OMB should consider in determining whether an international training program is "substantially similar" to an ACGME-accredited residency.

- What criteria should be met for a program to be deemed substantially similar?
- Should the OMB require that the program be accredited by a particular entity?
- For surgical specialties, should there be case requirements?
- Other considerations or requirements?
- What documentation can be obtained from the training programs to verify completion and competency to practice medicine?

The discussion began by identifying a fundamental challenge: the heterogeneity of residency programs worldwide. Workgroup members discussed that while some countries have programs certified by the same bodies that certify US residencies, making them easy to compare, most do not. The most significant challenge involves countries following the British medical system, where the training pathway differs fundamentally from the US model.

Workgroup members shared their lived experiences, with insight into South Asian training systems and the Ugandan system. Nepal was referenced as an example, noting that physicians who complete medical school and one year of internship are considered qualified to practice independently in their home country, but this wouldn't meet US standards for independent practice.

Proposed solutions and standards were discussed with suggestions, such as:

- Apply Same Criteria: ITPs should meet the same minimum requirements as US-trained physicians for independent practice (family medicine, internal medicine, pediatrics, etc.).
- Shared Database: Suggested the 18 states implementing ITP pathways should collaborate to develop a joint database documenting training requirements across countries, starting with countries most likely to send physicians to the US.
- No Single Accreditation Requirement: Different countries have different accreditation processes; OMB shouldn't require one specific accrediting body.
- Curriculum Documentation: Documentation from training programs would allow case-by-case evaluation given the wide variation in training programs globally.
- Country-Specific Considerations: India recently moved to a new commission similar to international ACGME, following similar processes.
- Structured Postgraduate Training: No residency in private family hospitals; must be structured programs.
- Training Supervision: Should demonstrate appropriate oversight.
- Completion Standards: Some form of exit exam or certification demonstrating completion.
- Clinical Exposure: Keep language broad to accommodate different specialty structures, as some countries don't have family medicine tracks, only internal medicine.

Workgroup members specifically discussed surgical specialties, noting that surgeons should require additional analysis. Several members discussed their experiences, sharing that many American Board of Medical Specialties (ABMS) boards have pathways for internationally trained physicians who aren't board certified, such as proctoring requirements where facilities supervise initial cases regardless of years of experience. Workgroup members also discussed that not all US medical specialty boards extend to other countries, so using US board certification as criteria would be challenging.

Additionally, it was mentioned that California maintains a list of approved medical schools and training programs, including a short list of international medical schools they recognize.

<u>Practice Experience</u>: The workgroup discussed how the OMB could verify that an applicant practiced medicine in another country or jurisdiction for at least three years.

- What type of practice would satisfy this requirement?
- What documentation can be obtained from employers or regulators to verify this practice requirement?

The Workgroup discussed the challenges of verifying international training due to variations from different countries and difficulty in getting employers to respond to verification requests. Getting trustworthy information about practice experience, outside large academic or recognized institutions, will also be challenging and will require case-by-case navigation.

Members suggested documents that could be provided to verify full, independent practice in another country:

- Official employer verification letter showing dates of employment, scope of practice, level of supervision
- Duty rosters for the last 3+ years
- Performance evaluations
- Peer references (it was noted that these are easier to obtain and less rigorous in foreign countries)
- For surgical specialties, surgical activity reports (procedure logs)

It was discussed that in some countries, a national medical board maintains records of who practiced where and when, but they don't necessarily show what the physician actually did during that time, which is particularly important.

Workgroup members shared personal experiences, including challenges as an International Medical Graduate (IMG) forced to flee their homeland after a military coup. Due to political unrest, some countries might be unwilling or unable to verify training or employment. Members agreed it is important to accommodate difficult situations. Alternative documents that might include:

- Posting or transfer orders (governmental documentation)
- Service posting records
- Duty rosters as acceptable proof of practice

The workgroup also discussed the possibility of special exemptions or special testing for those unable to obtain documentation due to political unrest or conflict.

Workgroup members also stressed the need for a clear definition of what constitutes "practice."

The Joint Commission International (JCI) accredits teaching hospitals and could serve as a resource for verification.

Good Standing: The workgroup discussed how the OMB should verify good standing in all countries or jurisdictions where the ITP applicant practiced, trained, or was educated.

- Is there commonly used terminology or documentation that should be specified?
- Are there regional databases similar to the National Practitioner Data Bank?

Workgroup members shared what "good standing" means through their experiences. In Uganda, a Certificate of Good Standing follows the British model, requiring physicians to apply for the certificate. An Eswatini certificate provides comprehensive good standing documentation, specifically stating that the physician has kept up with licensing requirements and has no pending cases against them regarding medical liability complaints.

Members suggested a two-way verification framework: candidates would provide self-declaration or an affidavit showing the absence of disciplinary action or professional restrictions, and a third party (an employer, director, ministry, etc.) would provide a supporting document confirming the same information. Workgroup members emphasized that since candidates will be under four-year provisional supervision, good standing should serve as initial assurance, not a final judgment, as they will be monitored throughout those four years.

Several members expressed concern about the language itself, noting the term “good standing” is subjective.

Executive Director Krishnaswami responded that "good standing" is statutory language in the bill, making it a required term. However, she explained that the Workgroup can define and clarify the term by stating "good standing for purposes of this is defined as..." and then including specific requirements. These could include National Practitioner Data Bank checks and fingerprint checks, which are already standard process for Oregon. They can also specify exactly what documentation must include to meet the good standing requirement.

Another question was raised regarding what falls between the clear-cut categories. Beyond licensure, CME compliance, and criminal activity, how should the process address malpractice claims or complaints about medical practice? It was discussed that the Oregon Medical Board should specify exactly what they want to see on certificates of good standing, suggesting it would be better to outline what proof of good standing should say or refer to, providing clear guidance rather than leaving it open to interpretation.

It was also suggested to leverage international organizations to verify criteria. Organizations such as the World Medical Association and specialty-specific international organizations could serve a similar function to the Joint Commission International (JCI). If physicians belong to these organizations and meet their membership requirements, this could indicate they meet certain standards. Additional resources could include the Department of Health of the specific country and the hospital accreditation commission of that country.

Public Comment

Yemi Obatola, a Nigeria-trained physician, clarified that the Educational Commission for Foreign Medical Graduates (ECFMG) already conducts extensive verification. When the Clinical Skills (CS) exam was retired, ECFMG implemented the Occupational English Test (OET) as a replacement. ECFMG verifies credentials with the licensing authorities of the countries where physicians have practiced. In Nigeria, "good standing" encompasses having no criminal record, no malpractice record, and no irregularities regarding practice, a definition much broader than simply paying license fees. Yemi suggested that Oregon partner with ECFMG for verification since they already have this infrastructure in place and established relationships with licensing authorities worldwide

Closing Remarks

Dr. Shaw thanked the Workgroup members and asked if there were any follow up questions. The following questions were asked:

- How many volunteer mentors will be needed for this pathway?
- Who will the employers be?
- What will be the scope of work and role for ITPs in Oregon?
- Will it be limited practice under supervision?
- How will their role be implemented?

Executive Director Krishnaswami responded that these are the exact topics that the Workgroup will be focusing on at the next meeting. This meeting was about how do ITPs qualify for this pathway, and the next meeting will be focused on what does their practice look like when they are licensed under this provisional license.

Dr. Shaw closed the meeting by expressing her gratitude to Workgroup members for leaning into this difficult work and sharing their lived experience. She expressed that their resilience and perseverance were inspiring, and she believes the Workgroup can develop a process that creates an easier pathway for internationally trained physicians to help take care of Oregonians.

Dr. Shaw adjourned the meeting at 6:38 PM.